

**NEW JERSEY STATE DEPARTMENT OF COMMUNITY AFFAIRS
HEALTH CARE PLAN REVIEW RECORD**

101 South Broad Street P.O. Box 815
Trenton, New Jersey 08625-0815
609-633-8151

Date: _____

FACILITY NAME _____

CERTIFICATE OF NEED

OR

REFERENCE NUMBER _____

CERTIFICATE OF NEED EXPIRATION DATE _____

SUBMITTED BY _____

FIRM NAME _____

ADDRESS _____

TELEPHONE NO. _____

Submit Part # 1 with schematic plans (1st stage) and Part #2 with the preliminary (2nd stage) submission. If the first submission consists of preliminary or final plans, the entire plan review record shall be submitted at that time.

Hydraulically designed working drawings and calculations (including summary sheet, detailed work sheets and graph sheet), prepared in accordance with Chapter 8 of NFPA-13, shall be submitted for review at the first submission of engineering drawings.

The Plan Review Record is an information tool only. It shall in no way relieve the Architect or Engineer from submitting complete and detailed plans and specification.

PART 1

Use Group Classification (2009 IBC, NJ Edition) 302.1 _____

Construction Type (2009 IBC, NJ Edition) 602.0 _____

(If more than one type please note each and delineate on Plans.)

Building Area (See Definition, 2009 IBC, NJ Edition) 503

New Construction _____sq.ft.

Renovation _____sq.ft.

(If more than one area or floor, note size of each and delineate on plans.)

Building Height (2009 IBC, NJ Edition) 503 and 504 _____stories

_____ft.

Automatic Fire Suppression System

Throughout (2009 IBC, NJ Edition) 903.0 _____

Limited Area (2009 IBC, NJ Edition) 903.3.5.1.1 _____

None _____

Street Frontage Increase? (2009 IBC, NJ Edition) 506.2 _____Yes

_____No

If yes, complete the following:

Total Open Perimeter _____Feet

Total Building Perimeter _____Feet

Percent open perimeter = _____%

Mixed Use and Occupancy? _____Yes

_____No

If yes, note each use group, the location of each on a small scale key plan, and the applicable paragraph of 2009 IBC, NJ Edition 508, which describes the proposed design conditions.

Will any new construction be designed as a addition to the existing building.

_____ Yes
_____ No

(or)

Will any new construction be designed as a new separate building

_____ Yes
_____ No

If yes, has the firewall been designed as per 2009 IBC, NJ Edition 706.1 thru 707.9.

_____ Yes
_____ No

Will atriums be incorporated in this project?
(2009 IBC, NJ Edition) 404

_____ Yes
_____ No

If yes, are they designed as per 2009 IBC, NJ Edition 404.1 thru 404.8

_____ Yes
_____ No

Complete attachment No. 1 (means of egress sheet) and return with Part #1. If exits are numerous, coordinate the egress sheet with the plans be numbering all exits.

ATTACHMENT #1
MEANS OF EGRESS SHEET

Occupant Load

Floor	Location	Area	Allowable Sq. Ft./person (2009 IBC, NJ Edition) Table 1004.1.1 No. of Occupants	
_____	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
	_____	_____	_____	= _____
Total/Floor				_____

CAPACITY OF EXITWAYS

Floor	Exit Type and Location I-2 NFPA-101.18.2.3 I-1, & I-2, (2009)IBC, NJ Edition, 1018.0 thru 1023.0	Egress Width	Allowable No. Persons/Unit (2009) IBC, NJ Edition Table 1005.1	Total Capacity
_____	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Total/Floor				_____

Use additional space as required (this is the format to be followed).

PART 2

Will corridors be enclosed in one hour fire rated walls?

_____ Yes
_____ No

If no, explain why.

Are exterior walls

_____ Bearing
_____ Nonbearing

Note roof covering classification
(2009 IBC, NJ Edition) 1504.0

Will there be any flammable anesthetics used
in this facility?

_____ Yes
_____ No

Will smoke barriers be provided
(NFPA-101, 18-3.7.) (2009 IBC, NJ Edition) 710.0

_____ Yes
_____ No

If yes, delineate on plans

_____ New
_____ Existing

Will x-ray equipment be installed as part
of this project?

_____ Yes
_____ No

If yes, provide certification from a licensed
physicist approving the design for shielding
of the equipment with final plans.

Are there any functional dumbwaiters?

_____ Yes
_____ No

Are there any functional linen or refuse chutes?

_____ Yes
_____ No

Have rated floor/ceiling assemblies been
employed? (2009 IBC, NJ Edition) 712.0

_____ Yes
_____ No

If yes,

What is rating _____

What is U.L. no. _____

If elevators are being installed note type:

_____ Hydraulic

_____ Electric

Complete Attachment No. 2 (Engineers Checklist) and submit with final plans.

ATTACHMENT #2

**ENGINEER'S CHECKLIST AND CERTIFICATION OF COMPLIANCE WITH DESIGN
REQUIREMENTS OF THE NEW JERSEY STATE UNIFORM CONSTRUCTION CODES**

GENERAL DATA

OWNER	_____
ADDRESS	_____ _____ _____
PROJECT	_____
LOCATION	_____ _____ _____
CN#	_____
LICENSED ENGINEER	_____
ADDRESS	_____ _____

ENGINEER'S
SEAL
&
SIGNATURE

DATE _____

This checklist shall be included with submission of final plans and specifications excepting that it is required for preliminary approval for Construction Management projects.

Where applicable the engineer for the above listed project has reviewed the codes listed in the following schedule and has applied engineering standards of good practice to meet all applicable design requirements included in the checklist on Page 2 and 3.

REFERENCE	DESCRIPTION	MEETS CODES	NOT APPLICABLE
2010 FGI GUIDELINES* 2.1-8.2.6.1 3.1-8.2.6.1 4.1-8.2.6.1	Boiler capacity (new or existing) is adequate to meet requirements of all buildings served.	<input type="checkbox"/>	<input type="checkbox"/>
2010 FGI GUIDELINES 2.1-8.2.1.2, Table 7.1, Part 6 3.1-8.2.1.2, Table 7.1, Part 6 4.1-8.2.1.2, Table 7.1, Part 6	Heating, ventilation and air conditioning equipment have been designed to provide room temperatures and relative humidity required by this section.	<input type="checkbox"/>	<input type="checkbox"/>
2010 FGI GUIDELINES 2.1-8.2.4.2(4) 3.1-8.2.4.2(4)	A physicist shall review ductwork penetrations to x-ray rooms. He shall provide written certification that the effectiveness of the x-ray protection has been impaired. Attach physicist's report.	<input type="checkbox"/>	<input type="checkbox"/>
2010 FGI GUIDELINES 2.1-8.4.2.3 3.1-8.4.2.3 4.1-8.4.2.3	Water supply system are designed to supply water at sufficient pressure.	<input type="checkbox"/>	<input type="checkbox"/>
2010 FGI GUIDELINES 2.1-8.4.2.5 3.1-8.4.2.5 4.1-8.4.2.5	Domestic hot water equipment has the required capacity.	<input type="checkbox"/>	<input type="checkbox"/>
2010 FGI GUIDELINES 2.1-8.3.3.1 3.1-8.3.3.1 4.1-8.3.3.1	Electrical generator has the capacity to provide emergency electrical service for new and existing facilities.	<input type="checkbox"/>	<input type="checkbox"/>

*Guidelines for Design and Construction of Health Care Facilities - 2010 Edition.